

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	TS331	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	45	9/3
FORMALITY REVIEW	<i>[Signature]</i>	08171 08971	9/19/99 3/20/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

WARD Decision

Claim	Final	Original	Date
1	✓	✓	9/28/01
2	✓	✓	4/11/02
3	✓	✓	8/13/03
4	✓	✓	1/5/05
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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